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PTO/SB/01 (12-97)  
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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> (37 CFR 1.63)	Attorney Docket Number	99A209
	First Named Inventor	Qing Min WANG
	<b>COMPLETE IF KNOWN</b>	
	Application Number	09 / 583,599
	Filing Date	May 31, 2000
	Group Art Unit	
<input type="checkbox"/> Declaration Submitted with Initial Filing	OR	<input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
Examiner Name		

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

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the specification of which  
☐ is attached hereto  
OR  
☒ was filed on (MM/DD/YYYY) **05/31/2000** as United States Application Number or PCT International Application Number **09/583,599** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)
60/144,159	07/15/1999

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

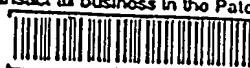
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☒ Customer Number

020411

OR

☐ Registered practitioner(s) name/registration number listed below



Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number or Bar Code Label

020411

OR ☐ Correspondence address below

Name	Philip H. Von Neida			Reg. No.	34,942
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Address	100 Mountain Avenue				
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Country	USA	Telephone	908-771-6402	Fax	908-771-6159

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))	Family Name or Surname
Qing Min	WANG

Inventor's Signature	Qingmin Wang			Date	6/29/2000
Residence: City	North Plainfield	State	NJ	Country	USA
				Citizenship	CHINA

Post Office Address 375 North Drive, Apt. C-2

Post Office Address

City	North Plainfield	State	NJ	ZIP	07060	Country	USA
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☒ Additional inventors are being named on the 3 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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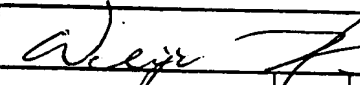
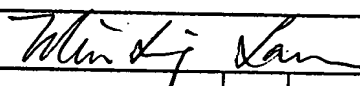

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# DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 1 of 3

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Weiji				HUANG			
Inventor's Signature						Date	06/29/2000
Residence: City	Bound Brook	State	NJ	Country	USA	Citizenship	USA
Post Office Address	7 Crest Drive						
Post Office Address							
City	Bound Brook	State	NJ	ZIP	08805	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
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Miu Ling				LAU			
Inventor's Signature						Date	6/26/2000
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Post Office Address							
City	Edison	State	NJ	ZIP	08820	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Carol Hsiuchin				LIU			
Inventor's Signature						Date	6/29/2000
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Post Office Address							
City	Union	State	NJ	ZIP	07083	Country	USA

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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 2 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Ce				MA			
Inventor's Signature						Date	6/30/2000
Residence: City	Apex	State	NC	Country	USA	Citizenship	USA
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Post Office Address							
City	Apex	State	NC	ZIP	27502	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Edward K.				CHANG			
Inventor's Signature						Date	6/21/00
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City	Gillette	State	NJ	ZIP	07933	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
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Wenpin				HO			
Inventor's Signature						Date	7/5/00
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City	North Arlington	State	NJ	ZIP	07031	Country	USA

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet Page <u>3</u> of <u>3</u>
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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Richard C.				PACIEJ			
Inventor's Signature	<i>Richard C. Paciej</i>					Date	6/29/00
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Post Office Address	7 Brookside Drive						
Post Office Address							
City	Gladstone	State	NJ	ZIP	07934	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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